



## **Project House Build Application**

In demonstration of the power that partnerships can have in affecting positive change in the community, The City of Augusta's Housing and Community Development Department Wachovia/Wells Fargo, and HomeFirst Augusta are partnering to make the dream of homeownership a reality for a low-to-moderate income family. Grant funding is provided by Wachovia/Wells Fargo and through the Neighborhood Stabilization Program (NSP) in compliance with the American Recovery and Reinvestment Act (ARRA). With this grant funding, volunteer support, and professional guidance, a three bedroom, two bath, 1462 estimated sq. foot home will be renovated with an estimated value upon completion of \$75,000. This newly renovated home will be sold to a qualifying family for only \$35,000. Only \$8,000 of the \$35,000 will require a monthly mortgage payment (approximately \$150.00 a month) The remaining \$27,000 will be a ten year forgivable mortgage (No monthly payment-balance reduced \$2,700 a year). There will be no down-payment or closing costs required, however on-going costs that will be the responsibility of the selected family include: taxes and insurance (approximately \$100.00 monthly), utilities, and maintenance. Should the family sell or refinance the home during the first ten years they will be responsible for paying the remaining balance on both loans. The work will begin in October, to include 8 volunteer work days. Additional Neighborhood Stabilization Funds (NSP) have been allocated to cover any unforeseen expenses that may arise during the renovation process. This will not cause any additional monthly expense to the winning family, however, a third lien will be placed on the property for the total of these rehabilitation expenses. This non-amortizing loan will not have to be repaid until the property is sold, refinanced or a change in title occurs. The home will be completed in time for the lucky family to be "Home for the Holidays."

### **Project House Build Application Criteria:**

1. Must live and/or work in Augusta-Richmond County
2. Gainfully employed (minimum of 6 months full time employment w/pay stubs)
3. Income eligible (i.e. earning \$44,400 or less for a family of four) See Chart page 4
4. Must be able to participate in sweat equity activities (assisting with renovation on Saturday work days)
5. Must attend HomeFirst Augusta's 8-hour Home Buyer Education Class on November 14, 2009
6. Must attend individual Post-Purchase counseling sessions for one year post-occupancy
7. Must have income to support homeownership (projected budget must include sufficient income to cover utilities, homeowner's insurance, taxes, maintenance, savings, etc...)
8. Must be willing to occupy the home as their primary residence for not less than ten years (balance of loans must be paid if sell, refinance, title change or death prior to 10 years)
9. Must be judgment free

**Application deadline: October 12<sup>th</sup>, 2009 by 5:30 p.m.**

**Applications may be remitted in person or by mail to:**

**HomeFirst Augusta 961 Broad St. Augusta, GA 30901**

**Phone: 706-823-5809 Fax: 706-823-5815**

**Applications must be postmarked or faxed by October 12, 2009**

**\*This program is not open to employees (or their families) of HomeFirst Augusta, The City of Augusta, Wachovia/Wells Fargo or any other sponsor of this program.**

## **PROJECT HOUSE BUILD APPLICATION**

### **TELL US ABOUT YOURSELF**

PRINT CLEARLY. USE ADDITIONAL SHEETS IF NECESSARY.

#### **GENERAL APPLICANT INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_ SUFFIX (SR., JR., ETC.): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ BIRTH DATE : \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**GENDER:** FEMALE \_\_\_\_ MALE \_\_\_\_

**MARITAL STATUS:** MARRIED \_\_\_\_ SEPARATED \_\_\_\_ UNMARRIED \_\_\_\_  
WIDOWED \_\_\_\_ DIVORCED \_\_\_\_ CHOSE NOT TO RESPOND \_\_\_\_

#### **CHECK ALL THAT APPLY:**

\_\_\_\_ SINGLE HEAD OF HOUSEHOLD  
\_\_\_\_ FEMALE HEAD OF HOUSEHOLD  
\_\_\_\_ OWNED HOME IN LAST 3 YEARS  
\_\_\_\_ FIRST TIME HOMEBUYER  
\_\_\_\_ US VETERAN

#### **ETHNICITY:**

\_\_\_\_ HISPANIC OR LATINO \_\_\_\_ NOT HISPANIC OR LATINO

#### **RACE:**

\_\_\_\_ AMERICAN INDIAN/ALASKAN NATIVE  
\_\_\_\_ BLACK OR AFRICAN AMERICAN  
\_\_\_\_ WHITE  
\_\_\_\_ CHOSE NOT TO RESPOND  
\_\_\_\_ ASIAN  
\_\_\_\_ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER  
\_\_\_\_ OTHER

#### **CITIZENSHIP:**

\_\_\_\_ US CITIZEN  
\_\_\_\_ PERMANENT RESIDENT  
\_\_\_\_ NON-RESIDENT

**DISABLED:** YES \_\_\_\_ NO \_\_\_\_

#### **EDUCATION:**

\_\_\_\_ NO HIGH SCHOOL DIPLOMA  
\_\_\_\_ GED DIPLOMA  
\_\_\_\_ SOME COLLEGE-NEVER GRADUATED  
\_\_\_\_ BACHELORS DEGREE  
\_\_\_\_ DOCTORAL DEGREE  
\_\_\_\_ HIGH SCHOOL DIPLOMA  
\_\_\_\_ VOCATIONAL CERTIFICATE  
\_\_\_\_ ASSOCIATES DEGREE  
\_\_\_\_ MASTERS DEGREE  
\_\_\_\_ CURRENT STUDENT

If there is a co-applicant please complete the following.  
If no co-applicant, check here \_\_\_\_\_

## TELL US ABOUT YOURSELF

PRINT CLEARLY. USE ADDITIONAL SHEETS IF NECESSARY.

### CO-APPLICANT GENERAL INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_ SUFFIX (SR., JR., ETC.): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**GENDER:** FEMALE \_\_\_\_\_ MALE \_\_\_\_\_

**MARITAL STATUS:** MARRIED \_\_\_\_\_ SEPARATED \_\_\_\_\_ UNMARRIED \_\_\_\_\_  
WIDOWED \_\_\_\_\_ DIVORCED \_\_\_\_\_ CHOSE NOT TO RESPOND \_\_\_\_\_

#### CHECK ALL THAT APPLY:

\_\_\_\_ SINGLE HEAD OF HOUSEHOLD

\_\_\_\_ FIRST TIME HOMEBUYER

\_\_\_\_ FEMALE HEAD OF HOUSEHOLD

\_\_\_\_ US VETERAN

\_\_\_\_ OWNED HOME IN LAST 3 YEARS

#### ETHNICITY:

\_\_\_\_ HISPANIC OR LATINO \_\_\_\_\_ NOT HISPANIC OR LATINO

#### RACE:

\_\_\_\_ AMERICAN INDIAN/ALASKAN NATIVE

\_\_\_\_ ASIAN

\_\_\_\_ BLACK OR AFRICAN AMERICAN

\_\_\_\_ NATIVE HAWAIIAN/OTHER PACIFIC

\_\_\_\_ WHITE

ISLANDER

\_\_\_\_ CHOSE NOT TO RESPOND

\_\_\_\_ OTHER

#### CITIZENSHIP:

\_\_\_\_ US CITIZEN

\_\_\_\_ PERMANENT RESIDENT

\_\_\_\_ NON-RESIDENT

**DISABLED:** Yes \_\_\_\_\_ No \_\_\_\_\_

#### EDUCATION:

\_\_\_\_ NO HIGH SCHOOL DIPLOMA

\_\_\_\_ HIGH SCHOOL DIPLOMA

\_\_\_\_ GED DIPLOMA

\_\_\_\_ VOCATIONAL CERTIFICATE

\_\_\_\_ SOME COLLEGE-NEVER GRADUATED

\_\_\_\_ ASSOCIATES DEGREE

\_\_\_\_ BACHELORS DEGREE

\_\_\_\_ MASTERS DEGREE

\_\_\_\_ DOCTORAL DEGREE

\_\_\_\_ CURRENT STUDENT

### 2009 Area Median Income for Augusta-Richmond County, GA-SC MSA

Family Size	Extremely Low (0-30%)	Low Income (30-50%)	Low/Moderate (51-80%)	Not Low/Mod. (81-100%)
1	0-\$11,650	\$11,651-19,450	\$19,451-31,100	31,101-38,900
2	0-\$13,300	\$13,301-22,200	\$22,201-35,500	35,501-44,400
3	0-\$15,000	\$15,001-25,000	\$25,001-39,950	39,951-50,000
4	0-\$16,650	\$16,651-27,750	\$27,751-44,400	44,401-55,500
5	0-\$18,000	\$18,001-29,950	\$29,951-47,950	47,951-59,900
6	0-\$19,300	\$19,301-32,200	\$32,201-51,500	51,501-64,400
7	0-\$20,650	\$20,651-34,400	\$34,401-55,000	55,051-68,800
8	0-\$22,000	\$22,001-36,650	\$36,651-58,600	58,601-73,300

*You're gross household income must fall in the Low/Moderate income category to qualify for this program.*

## HOUSEHOLD INCOME CERTIFICATION

List all people who live in your home (including yourself). **List all income sources for *all* household members 17 years of age or older.** If 17 years of age or older and no income, please explain below. Proof of income must be provided.

Name	Relation	Age	Sex	Income Source	Gross Monthly Income (Before Taxes and Deductions)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
					<b>TOTAL:</b>

Monthly/Quarterly Bonuses (Circle One) \$ \_\_\_\_\_

Monthly/Quarterly Commissions (Circle One) \$ \_\_\_\_\_

Grand Total Monthly Household Gross Income \$ \_\_\_\_\_ (Before Taxes & Deductions)

Grand Total Monthly Household Net Income \$ \_\_\_\_\_ (After Taxes & Deductions)

Monthly Food Stamps? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_ (Total Food Stamps Amount)

Earned Income Tax Credit? Yes \_\_\_\_\_ No \_\_\_\_\_

**TOTAL GROSS ANNUAL HOUSEHOLD INCOME:** \$ \_\_\_\_\_

### EXPLANATION:

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I affirm that the information provided above is accurate.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

***Family Narrative – Attach an additional page if necessary***

Have you ever owned a home before? \_\_\_\_ Yes \_\_\_\_ No

How long have you been renting? \_\_\_\_\_

How would owning a home change your family's life?

[illegible]

Please describe your level of community involvement (volunteer, civic/church organizations, etc.)

[illegible]

Tell us about your family. (interests, hobbies, etc.)

[illegible]

# MONTHLY EXPENSES WORKSHEET (Page 1 of 2)

Monthly Expense	Amount
<b>Housing</b>	<b>\$ AMOUNT BELOW</b>
Rent	
1st Mortgage (Includes Taxes & Insurance)	
Property Taxes	
Homeowner's Insurance	
Condo/Association Fees	
2nd Mortgage Payment	
Other:	
<b>Utilities</b>	<b>\$ AMOUNT BELOW</b>
Electric	
Natural Gas	
Sewer	
Water	
Garbage	
Other:	
<b>Telephone/Telecom</b>	<b>\$ AMOUNT BELOW</b>
Land Line	
Cell Phone	
Other:	
<b>Food</b>	
Groceries & Snacks	
School Lunches	
Work-related Lunches	
Meals Out	
Other:	
<b>Transportation</b>	<b>\$ AMOUNT BELOW</b>
Number of Vehicles_____	--
Total Vehicle Payment(s)	
Insurance Premium	
Tags/Taxes	
Maintenance	
Gas/Oil	
Parking	
Public Transportation	
Taxi	
<b>Healthcare/Medical</b>	<b>\$ AMOUNT BELOW</b>
Doctor (co-pays)	
Dentist	
Prescriptions	
Health Insurance Premium	
Life Insurance Premium	
Medical Bills	
Other:	
Other:	
Other:	

Monthly Expense	Amount
<b>Personal Care</b>	<b>\$ AMOUNT BELOW</b>
Clothing	
Dry Cleaning/Laundry	
Shoes	
Cosmetics	
Toiletries	
Hairstyle/Barber	
Nails	
Other:	
<b>Entertainment</b>	<b>\$ AMOUNT BELOW</b>
Alcohol	
Books/Music	
Cable	
Tobacco Products	
Fitness	
Hobbies	
Holiday/Events	
Lottery/Bingo	
Memberships	
Subscriptions	
Movie Rental	
Movies	
Newspaper/Magazines	
Sporting Events	
TV	
Vacation/Travel	
Other:	
<b>Children</b>	<b>\$ AMOUNT BELOW</b>
Activities	
Allowances	
Babysitting	
Child Support	
Clothing	
Daycare	
Family Support	
Haircut	
Lunch	
School Supplies	
Shoes	
Tuition	
<b>Donations</b>	<b>\$ AMOUNT BELOW</b>
Charity	
Religious	
Veterinarian	
Unions	

## MONTHLY EXPENSES WORKSHEET (Page 2 of 2)

Monthly Expense	Amount
<b>Education</b>	<b>\$ AMOUNT BELOW</b>
Books	
Tuition	
<b>Liabilities/Monthly Debts</b>	<b>\$ AMOUNT BELOW</b>
Alimony/Spousal Maintenance	
Bank Fees	
Cashier's Check-Pay Dar	
Collections	
Credit Card Payments (Total)	
Credit Line	
Credit Unions	
Federal Taxes	
Installment Payments	
Lease Payments	
Legal Fees	
Student Loans	
Personal Loan Repayments	
Other:	

Monthly Expense	Amount
<b>Pets</b>	<b>\$ AMOUNT BELOW</b>
Food	
Other:	
<b>Savings</b>	<b>\$ AMOUNT BELOW</b>
Savings Account	
Investments	
IRA	
College Fund	
Emergency Fund	
Other:	
<b>Additional Expenses</b>	<b>\$ AMOUNT BELOW</b>

All information I have provided is correct and factual. No information is being withheld. I understand the necessity for accurate and complete information and I will provide any needed information to complete this worksheet. I understand that deliberately providing inaccurate information or unwillingness to timely provide the counselor with the information or documents necessary to assist me will result in the closing of my file and no further assistance from the counselor will be provided.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



**HOMEFIRST HOUSING RESOURCE SERVICES, INC./  
HOMEFIRST AUGUSTA**

**AUTHORIZATION FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENT**

**I GIVE MY PERMISSION TO:**

- HomeFirst Housing Resource Services, Inc./HomeFirst Augusta, a non-profit HUD-Approved Housing Counseling Agency (HUD ID #83493).
- Any lender, bank, credit union, savings and loan association, mortgage banker, insurance company, institutional investor, thrift institution, savings bank, or any similar institutions.
- Any credit agency, credit counseling agency, credit department or similar institution.
- Veterans Administration (VA), Federal Housing Administration (FHA), Department of Housing and Urban Development (HUD), Federal National Mortgage Association (FANNIE MAE), Federal Home Loan Mortgage Corporation (FREDDIE MAC), or any local, state, or federal governmental or quasi-governmental agency.
- The counselors at HomeFirst to obtain a credit report from any of the credit reporting agencies for a \$15.00 single and \$20.00 jointly non-refundable onetime fee that I will pay in cash when requested.
- HomeFirst, its agents, employees and Directors.
- To give credit, mortgage, income, expense, consumer and personal information including the results of counseling and investigative consumer reports covering myself, my family and employment to any person, certified partnership, mortgage loan servicer, mortgage lender, builder, developer, seller, real estate agent, landlord, corporation, housing authority or any local, state or federal agency.
- I understand that all or part of this information may be sent to any of the above named.
- I know that this information may be protected by local, state, or Federal Regulations. I give my permission to HomeFirst, its agents, employees and Directors to get any and all such information for any purpose. I specifically consent to the re-disclosure of such information for any purpose. I specifically consent to the re-disclosure of such information as set forth in this form. I may revoke this authorization as it applies to any information protected by Federal Regulation at any time, but not to the extent action has been taken in reliance on it.
- I know that I have a right to get a copy of this form. A photocopy of this form will be as valid as the original.
- And I agree and will provide all requested paperwork and documents to complete my file.

This document is valid as long as this file is in use or open.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

Current Address:

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Street Address	City	State	Zip
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**HOMEFIRST HOUSING RESOURCE SERVICES, INC./  
HOMEFIRST AUGUSTA**

**CLIENT'S RIGHTS, RESPONSIBILITIES AND DISCLOSURE**

**AS A HOUSING COUNSELING PROGRAM CLIENT, YOU HAVE THE RIGHT...**

1. To be treated with respect, dignity, consideration, and compassion.
2. To receive counseling services free of discrimination on the basis of race, color, sex/gender, ethnicity, national origin, religion, age, class, sexual orientation, physical and or mental ability.
3. To participate in creating an Action Plan for counseling services.
4. To be informed about all services and options available to you.
5. To reach an agreement with your counselor about the frequency of contact you will have either in person or over the phone.
6. To withdraw your voluntary consent to participate in counseling.
7. To have your counseling records be treated confidentially.
8. To have information released only in the following circumstances:
  - a. When you sign a written release of information.
  - b. When there is an emergency.
  - c. When ordered by a court of law.
9. To file a grievance about services you are receiving or denial of services.
10. To not be subjected to physical, sexual, verbal and/or emotional abuse or threats.
11. To have an office facility that meets Disability Act Requirements.

**AS A PARTICIPANT IN THE HOUSING COUNSELING PROGRAM, YOU HAVE THE RESPONSIBILITY...**

1. To treat other clients and staff of this agency with respect and courtesy.
2. To protect the confidentiality of other clients you encounter at this agency.
3. To participate as much as you are able in creating your Action Plan.
4. To let your counselor know any concerns you have about your Action Plan or changes in your needs.
5. To make and keep appointments to the best of your ability, or if possible to phone to cancel or change an appointment time.
6. To stay in communication with your counselor by informing him/her of changes in your address or phone number and responding to the counselor's calls or letters to the best of your ability.
7. To not subject agency counselors, staff, or other clients to physical, sexual, verbal and/or emotional abuse or threats.

***DISCLOSURE STATEMENT:***

I understand that HomeFirst Housing Resource Services, Inc./HomeFirst Augusta is a non-profit HUD-Approved Housing Counseling Agency (HUD ID #83493) and that HomeFirst partners with HUD, The Georgia Department of Community Affairs, The Community Development Block Grant Program, The City of Macon, The City of Augusta, NeighborWorks, The Homeownership Preservation Foundation and other federal, state and local government agencies, non-profit organizations, banks, mortgage brokers, realtors, real estate agents, home inspectors, insurance companies and local utilities. I further understand that in some instances HomeFirst receives grants and other funding from some of the aforementioned partners. I further acknowledge and understand that I am under no obligation whatsoever, to use, pay for or otherwise engage any of these services and that the provision of services by HomeFirst are free and without charge and are in no way dependent upon my use of any of their partner's services. I furthermore acknowledge and understand that HomeFirst must make at least three referrals for any particular service that I might request and subsequently use.

***I UNDERSTAND THE ABOVE INFORMATION AND I HAVE RECEIVED A COPY FOR MY RECORDS.***

**APPLICANT** \_\_\_\_\_

**DATE** \_\_\_\_\_

**Co-APPLICANT** \_\_\_\_\_

**DATE** \_\_\_\_\_

**HOMEFIRST COUNSELOR** \_\_\_\_\_

**DATE** \_\_\_\_\_



\_\_\_\_\_  
Name of Client/Applicant  
\_\_\_\_\_

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### AUTHORIZATION FOR RELEASE OF INFORMATION

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I hereby request and authorized: HomeFirst Augusta

\_\_\_\_\_  
(Name of Person or Agency Requesting Information)

961 Broad Street, Augusta, GA 30901

\_\_\_\_\_  
(Address)

to obtain from: \_\_\_\_\_

\_\_\_\_\_  
(Name of Person or Agency Holding the Information)

\_\_\_\_\_  
(Address)

the following type(s) of information from my records (and any specific portion thereof):

Housing Status, Demographic Information, Income Verification, Social Security Cards,  
Budget Verification, Criminal Background Check, Credit Information, Picture Identification,  
and Summary of Transitional Housing Achievements (if applicable)

for the purpose of: Determining eligibility for Project House Build

I further understand that this project will receive media/press attention from Wachovia/WellsFargo and local media. I agree to participate in media/press coverage both during and after the application process and following the home give away; including but not limited to, individual and family pictures/images and any and all information gathered from family narrative during the application process.

*All information I hereby authorize to be obtained from this agency will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain in effect for:*

☐ one (1) year.

\_\_\_\_\_  
(Date)

*I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time.*

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Client/Patient/Applicant)

\_\_\_\_\_  
(Signature of  
Witness)

\_\_\_\_\_  
(Title or Relationship  
to Client)

\_\_\_\_\_  
(Signature of Co-Applicant)

\_\_\_\_\_  
(Date)

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### USE THIS SPACE ONLY IF CLIENT WITHDRAWS CONSENT

\_\_\_\_\_  
(Date this consent is revoked by client)

\_\_\_\_\_  
(Signature of Client)